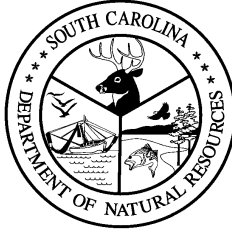


Thank you for your interest in selling hunting and fishing licenses for the SC Department of Natural Resources.

In order to qualify to be a license sales agent the following criteria must be met:

1. You must have been in business at your current location for one full year prior to the date of your application.
2. You must currently stock hunting and/or fishing supplies.
3. You must be open daily and readily accessible to the general public and have standard hours of operation/ not a part-time business
4. The Corporation or individuals selling the licenses must not have been convicted of:
 - a felony
 - a crime involving moral turpitude
 - a fish or wildlife related offensewithin the past 10 years.

If you/your business meet all the criteria above except # 1, complete the application and return it to the address on the application so we can keep it on file until your year is up. If you have any questions, please call the License Section at (803)734-3838.



APPLICATION FOR HUNTING AND FISHING LICENSE DEALERSHIP
S.C. DEPARTMENT OF NATURAL RESOURCES
LICENSE DIVISION - P.O. BOX 11710
COLUMBIA, S.C. 29211 PHONE 734-3838

Please answer all questions below. If this application is not completed in full, it will be returned. **IMPORTANT:** On the reverse side of this application please show the location of your business.

NAME OF BUSINESS: _____ **FEIN #** _____

BUSINESS ADDRESS: _____
Street, Route or Box

City State Zip County Phone

STORE CONTACT PERSON: _____

APPLICANT'S (responsible person) NAME: _____
Last First MI

APPLICANT'S _____
Social Security Number Date of Birth Home Phone

APPLICANT'S HOME ADDRESS: _____
Street, Route or Box

City State Zip County

BUSINESS HOURS: Mon. - Fri. ____ to ____ Sat. ____ to ____ Sun. ____ to ____

BUSINESS IS: ____ A sole proprietorship owned by the applicant
____ A partnership (List all partners) _____

____ A Corporation (List all officers)

President: _____

Vice Pres.: _____

Secretary: _____

Treasurer: _____

COMPLETE QUESTIONS AND MAP ON NEXT PAGE

1. Do you: OWN___ RENT___ or LEASE___ building where licenses will be sold?
2. Describe what facilities are available for storing license forms and what facilities are available for holding the money collected from the sale of these: _____

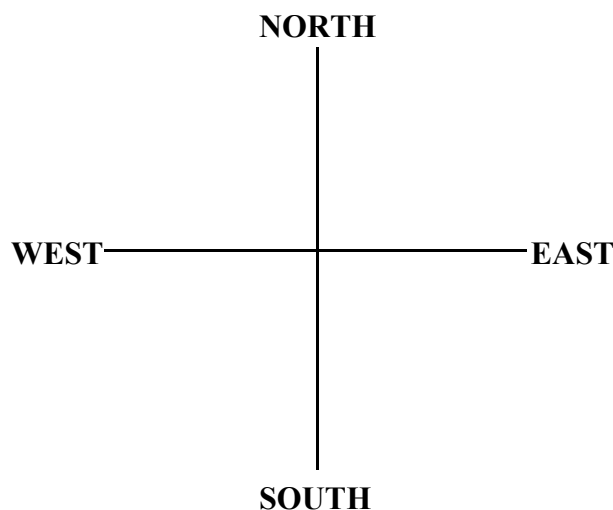
3. How long have you been in business at this location? _____
If you just purchased the business, were licenses previously sold there? ___Yes___No
4. Have you previously sold hunting/fishing licenses? ___Yes___No
If yes, name & address of business: _____
5. Do your hours of operation change from summer to winter? _____ If yes, list change: _____
6. List name and address of bank in which you will deposit money from the sale of licenses: _____
7. Do you sell: _____Hunting Supplies _____Fishing Supplies

I CERTIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS INFORMATION WILL BE VERIFIED BY THE SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES.

_____ Date	_____ Signature of Applicant
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DRAW BELOW A SKETCH AS TO THE LOCATION OF YOUR BUSINESS. SHOW ANY LANDMARKS THAT WOULD ASSIST US IN LOCATING THE STORE. GIVE ALL HIGHWAY NUMBERS AND STREET NAMES.

COUNTY IN WHICH BUSINESS IS LOCATED _____



INTERNAL USE ONLY

Date of Review: _____

Remarks: _____

